

## **Certification**

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2016 thru 6/30/2018.

Employer: Lacey Township Board of Education

County: Ocean

Date: 11/3/2017

Name: Patrick S. DeGeorge  
Print Name

Title: Business Administrator/Board Secretary

  
Signature

# SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

### Section I: Agreement Details

Public Employer: Lacey Township Board of Education County: Ocean  
 Employee Organization: Lacey Township Child Study Team Association Employees in Unit: 11  
 Base Year Contract Term: 7/1/2015 6/30/2016 New Contract Term 7/1/2016 6/30/2018  
 Type of Settlement: ☒ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1	Salary	\$757,330	\$779,293
Item 2	Increment	\$0	\$0
Item 3	Longevity	\$12,930	\$12,930
Item 4	CEUs	\$1,750	\$1,750
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet Additional Items			
<b>Section III: Totals - Sum of costs in each column</b>		\$757,330 (Total)	\$793,973 (Total)

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year(previous agreement)	\$757,330	
Effective Date (m/d/yyyy)	7/1/2016	7/1/2017
Percent Increase	2.90%	3.15%
Total cost of increase	\$21,963	\$24,548
Total base salary (successor agreement)	\$779,293	\$803,841

### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	3.03
Dollar Impact (average per year over term of agreement)	\$23,255.00

### Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan	\$161,987	\$184,856
Employee Contributions	\$46,234	\$54,105
Prescription	\$59,639	\$59,639
Dental	\$9,437	\$11,225
Vision	\$0	\$0

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

### Section VII

Prepared by:

Patrick S. DeGeorge

Print Name

Signature

Title: Business Administrator/Board Secretary

Date: 11/3/2017

Lacey Township School District  
Health Insurance Information for PERC

	FY16	FY17	Increase		% of LTCSTA FY16	% of LTCSTA FY17
			\$	%		
Medical	161,987.00	184,856.00	22,869.00	14.12%	117,808.73	134,440.73
EE Contributions	46,234.00	54,105.00	7,871.00	17.02%	33,624.73	39,349.09
Prescription	59,639.00	59,639.00	-	0.00%	43,373.82	43,373.82
Dental	9,437.00	11,225.00	1,788.00	18.95%	6,863.27	8,163.64
Vision	-	-	-	-	-	-

Total # of LTCSTA members with benefit coverage

8

Total # of LTCSTA members

11

73%